06053

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe md
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS no

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Trappe md
STREET ADDRESS (If rural, give location) no

3. NAME OF DECEASED (Type or Print) (First) Ellen (Middle) Roberta (Last) Banks

4. DATE OF DEATH (Month) June (Day) 21 (Year) 1949

5. SEX female
6. COLOR OR RACE A.C.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Mar 25-1921
9. AGE last birthday 28 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Domestic
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (State or foreign country) Talbot Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert J. Banks
14. MOTHER'S MAIDEN NAME Charlott L. Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. 219-07-3451
17. INFORMANT James F. Stewart family to:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 12 mo.

002 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pneumonia

13b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Patient was in Hemiplegia 9 mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1949, to June 21, 1949, that I last saw the deceased alive on June 21, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Hayward T. Webb, (Degree or title) M.D. ADDRESS Easton, Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 24 1949
NAME OF CEMETERY OR CREMATORY Trappe
LOCATION (City, town, or county) Trappe (State) md

DATE REC'D BY LOCAL REG. 6/23/49
REGISTRAR'S SIGNATURE N. H. Neerix
24. FUNERAL DIRECTOR James F. Stewart ADDRESS Salisbury Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 29 1949
BUREAU V. S.

06054

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place): 40 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Easton Md. — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): R.F.D. Near Easton Md.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Miss Jennie T. Barrows
4. DATE OF DEATH (Month) (Day) (Year): June 11 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: July 8th 1879
9. AGE last birthday: 69 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Phila. Pa
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Mr Jonathan Barrows
14. MOTHER'S MAIDEN NAME: Mary L. Macklem

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Jennie E Andrews

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of the colon — 1 year

153 Antecedent cause(s)

46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with metastases

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 48
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of sigmoid colon
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to 11 June, 1949, that I last saw the deceased alive on 11 June, 1949, and that death occurred at 1.05 P m., from the causes and on the date stated above.

SIGNATURE: Thurston Harrison — (Degree or title): M.D. — ADDRESS: Easton Maryland — DATE SIGNED: 14 June 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 6-14, 1949 — NAME OF CEMETERY OR CREMATORY: Havre de Grace — LOCATION (City, town, or county): Havre de Grace — (State): Md

DATE REC'D BY LOCAL REG.: 6/13/49 — REGISTRAR'S SIGNATURE: N.H. Nevins — 24. FUNERAL DIRECTOR: Newnam & Harrison — ADDRESS: St. Michaels Md

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 21 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06055

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 1 hr - 30 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Stevensville Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) (Last) Bordley
4. DATE OF DEATH (Month) June (Day) 8 (Year) 1949
5. SEX Male
6. COLOR OR RACE Col
7. ~~SINGLE~~, MARRIED, WIDOWED, DIVORCED, (Specify) Sepa Ltd
8. DATE OF BIRTH Feb 26 1896
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Keeper
10b. KIND OF BUSINESS OR INDUSTRY mercantile
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Alex Bordley
14. MOTHER'S MAIDEN NAME Caroline Wilson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service) unknown
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Vivian Lyons

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.5 Immediate cause (a) Struck by auto causing fracture of skull & both legs & nasal bones —

170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY State highway (CITY OR TOWN) near Stevensville (COUNTY) Q.A. (STATE) Md
TIME OF INJURY (Month) June (Day) 8 (Year) 1949 (Hour) 4 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Struck by auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. Henry Fisher (Degree or title) M.A. Deputy Med. Exam. Q.A. Co. Md. ADDRESS Centreville Md DATE SIGNED 6/8-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 11-49
NAME OF CEMETERY OR CREMATORY Batts neck md.
LOCATION (City, town, or county) Queens Ann co md. (State)
DATE REC'D BY LOCAL REG. 6/9/49
REGISTRAR'S SIGNATURE N. A. Neerus
24. FUNERAL DIRECTOR Lewis A. Henry. ADDRESS Centreville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 21 1949
BUREAU V. S.

06056

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 128 West Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md.
STREET ADDRESS (If rural, give location) 128 West Street

3. NAME OF DECEASED (Type or Print) (First) Estella (Middle) (Last) Brooks

4. DATE OF DEATH (Month) June (Day) 2 (Year) 1949

5. SEX Female
6. COLOR OR RACE Col'd
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH ABT. 1908
9. AGE last birthday 41 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Easton, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Cato Brooks
14. MOTHER'S MAIDEN NAME Georgianna Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Clara Stanley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malignant Hypertension — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

445 Antecedent cause(s)

30g Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lues. 4 yrs

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-2, 1947, to 6-2, 1949, that I last saw the deceased alive on 6-1, 1949, and that death occurred at 3:30 A. m., from the causes and on the date stated above.

SIGNATURE M. F. Buell (Degree or title) MD ADDRESS 40 S Work St Easton Md DATE SIGNED 6-3-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 6/6/49 NAME OF CEMETERY OR CREMATORY Trappe LOCATION (City, town, or county) Trappe Md (State)

DATE REC'D BY LOCAL REG. 6/4/49 REGISTRAR'S SIGNATURE N. H. Neiers
24. FUNERAL DIRECTOR Leon W. Henry ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 10 1949
BUREAU V. S.

06057

TN

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS DOA Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Flintstone P.O. 4
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Stephen (Middle) C. (Last) Davis
4. DATE OF DEATH (Month) June (Day) 19 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 5-11-1880
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Ret. Carpenter
10b. KIND OF BUSINESS OR INDUSTRY building
11. BIRTHPLACE (State or foreign country) East Corinth Maine
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Ira W. Davis
14. MOTHER'S MAIDEN NAME Mary Effie Reed
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Russell Dolly

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — Immed.

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

940.1

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Louis Wetty (Degree or title) MD ADDRESS Easton Md DATE SIGNED 6-19-49

23. BURIAL, CREMATION REMOVAL (Specify) Removal & Burial
DATE THEREOF 6/20/49
NAME OF CEMETERY OR CREMATORY Hill Crest
LOCATION (City, town, or county) Cumberland (State) Md
DATE REC'D BY LOCAL REG. 6/19/49
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR [signature] ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
JUN 29 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06058

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md. | LENGTH OF STAY (in this place) 11 days 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Wood (Middle) (Last) Dulin

4. DATE OF DEATH: (Month) 6 (Day) 20 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, (MARRIED), WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 4-16-98

9. AGE last birthday: 51 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Filling Station

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mr William Dulen

14. MOTHER'S MAIDEN NAME: Maggie Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown | (If year, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT: Mrs Stella Dulen

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Embolism

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) acute Appendicitis Ruptured.

550.1

121

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Ruptured appendix

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Easton (CITY OR TOWN) Talbot (COUNTY) Md. (STATE)

TIME OF INJURY (Mooth) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-9, 1949, to 6-20, 1949, that I last saw the deceased alive on 6/20, 1949, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. M. Palmer. MD — ADDRESS: Easton Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 6/22/49 — NAME OF CEMETERY OR CREMATORY: Spring Hill — LOCATION (City, town, or county): Easton — (State): Md

DATE REC'D BY LOCAL REG. 6/20/49 — REGISTRAR'S SIGNATURE: M. H. Nedrow

24. FUNERAL DIRECTOR: J. Ellis Clark — ADDRESS: Easton, Md.

RECEIVED
JUN 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06059

Reg. Dist. No. 7-94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fairbank, Md.
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: TALBOT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - Tilghman, Md.
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LAURA	J.	FAULKNER	June	2	19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Sept. 3, 1861	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Housewife	Talbot County	USA

13. FATHER'S NAME: Fredrick Faulkner,

14. MOTHER'S MAIDEN NAME: Mary Corkran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Thomas J. Faulkner, Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

331 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension or Arteriosclerosis

(c) Common Cold

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 20, 19 49, to June 2, 19 49, that I last saw the deceased alive on June 1, 19 49, and that death occurred at 2.30 A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Tilghman DATE SIGNED: June 2

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 4, 1949	Family Plot, Fairbank, Maryland	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 4 49	T. J. Jackson	Newnam & Harrison, St. Michaels, Md.	

RECEIVED
JUN 8 1949
BUREAU V. S.

6/29

06060

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Memorial Hospital MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Caroline COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton Md. LENGTH OF STAY (in this place) 27 hrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington St.	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Fuchs (Last)

4. DATE OF DEATH (Month) June (Day) 30 (Year) 1949

5. SEX M.

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 6/5/81

9. AGE last birthday 68 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Russia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Fuchs

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service) Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs Minnie Fuchs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Subarachnoid hemorrhage	24 hrs
330 Antecedent cause(s)		
830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 June, 1949, to 30 June, 1949, that I last saw the deceased alive on 30 June, 1949, and that death occurred at 3:50 A m., from the causes and on the date stated above.

SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 30 June 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 7/2/49 NAME OF CEMETERY OR CREMATORY Jr. O. N. A. M. LOCATION (City, town, or county) Preston (State) Md

DATE REC'D BY LOCAL REG. 6/30/49 REGISTRAR'S SIGNATURE N. H. Neerees 24. FUNERAL DIRECTOR T. M. Thomas ADDRESS Preston

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06061

BC

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton; LENGTH OF STAY (In this place) 5 Days.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 808 South Linwood Ave

3. NAME OF DECEASED (Type or Print): (First) CAROLINE (Middle) CATHERINE (Last) GILL

4. DATE OF DEATH: (Month) JUNE (Day) 11 (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: Dec. 6 1889

9. AGE last birthday: 59 yrs. If under 1 year: Months 6, Days 5. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Gustav Kaemke

14. MOTHER'S MAIDEN NAME: Augusta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Eileen Norwood

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) G.S.W. head — Interval between onset and death: Immed.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

976

164

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): suicide

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home

(CITY OR TOWN): Easton (COUNTY): Talbot (STATE): Md

TIME OF INJURY (Month) 6 (Day) 11 (Year) 49 (Hour) 1 P.m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Suicide

22. I hereby certify that I ~~attended the deceased from~~....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE: Louis A. Mackey (Degree or title) MD ADDRESS: Easton Md DATE SIGNED: 6-11-49

23. BURIAL / CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: 6/13/49

NAME OF CEMETERY OR CREMATORY: National

LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: 6/11/49

REGISTRAR'S SIGNATURE: N. H. Reeves

24. FUNERAL DIRECTOR: Maurice E. Newnam & Son ADDRESS: Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUN 21 1949
BUREAU V. S.

Evidence for addition of #18 b shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06062

CERTIFICATE OF DEATH

FILM No. G9 121 JUL 22 1949

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND Md.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cordova Rural; LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cordova Rural.
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) (Last) Harris

4. DATE OF DEATH (Month) June (Day) 20 (Year) 1949

5. SEX F

6. COLOR OR RACE B

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH June 3d. 1848

9. AGE last birthday 101 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY ✓

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? Talbot

13. FATHER'S NAME James Montgomery

14. MOTHER'S MAIDEN NAME Mary Pinder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ✓

16. SOCIAL SECURITY NO. ✓

17. INFORMANT John Handy.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Senility

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause inst (b) Arteriosclerosis, Emphysema of the lung (7/21/49-OS)

113

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1941 to June, 1949, that I last saw the deceased alive on May 18, 1949, and that death occurred at 7 45 A m., from the causes and on the date stated above.

SIGNATURE Kurt Lederer (Degree or title) ADDRESS Queen Anne Md DATE SIGNED 6/21/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF June 22

NAME OF CEMETERY OR CREMATORY Newtown

LOCATION (City, town, or county) Cordova (State) Md.

DATE REC'D BY LOCAL REG. 6/21/49

REGISTRAR'S SIGNATURE N. H. Neeres

24. FUNERAL DIRECTOR Raymond B. Rawlings ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF AGE IS ON:

M

FILM No. G 120 JUN 17 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06063

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 16 hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grasonville Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Calvin (Middle) (Last) Hyland.

4. DATE OF DEATH (Month) June (Day) 5 (Year) 1949

5. SEX M.

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH July 27-1898

9. AGE last birthday 50 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) waterman

10b. KIND OF BUSINESS OR INDUSTRY 7.

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Hersey Hyland

14. MOTHER'S MAIDEN NAME Kathryn Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service) Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT Mr E. S Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure due to arteriosclerotic

420 D Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) heart disease

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-5, 1949, to 6/5, 1949, that I last saw the deceased alive on 6/5, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Newton Harrison (Degree or title) D.D. ADDRESS Carter Maryland DATE SIGNED 6 June 49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL DATE 6-7-49 NAME OF CEMETERY OR CREMATORY Stevensville LOCATION (City, town, or county) Stevensville (State) Md

DATE REC'D BY LOCAL REG. 6/6/49 REGISTRAR'S SIGNATURE N. H. Neeres

24. FUNERAL DIRECTOR Edgar L Lane ADDRESS Church Hill Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

RECEIVED
JUN 10 1949
BUREAU V. S.

06064

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 4 hrs 32 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy (Last) Johnson.
4. DATE OF DEATH (Month) June (Day) 13 (Year) 1949.
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH June 13, 1949.
9. AGE last birthday yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours 4 Min. 32
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Memorial Hosp Easton Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Mr Clarence Johnson
14. MOTHER'S MAIDEN NAME Mae Bell Halloway
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY No. No
17. INFORMANT Mr Clarence Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity (7 1/2 mo.)

761.5 Antecedent cause(s)

160c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature separation of placenta — 3 days.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-13, 1949, to 6-13, 1949, that I last saw the deceased alive on 6-13, 1949, and that death occurred at 5-15 A EST m., from the causes and on the date stated above.

SIGNATURE Frank M. Anderson (Degree or title) M.D. ADDRESS Federalsburg Md. DATE SIGNED 6/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Incinerated
DATE 6/13/49
NAME OF CEMETERY OR CREMATORY Memorial Hospital
LOCATION (City, town, or county) Easton (State) Md
DATE REC'D BY LOCAL REG. 6/13/49
REGISTRAR'S SIGNATURE N. H. Neirees
24. FUNERAL DIRECTOR Memorial Hospital, ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 21 1949
BUREAU V. S.

06065

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY TALBOT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EASTON Md
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Easton Md COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural give location) Easton Md Route #1

3. NAME OF DECEASED (Type or Print) (First) FRED (Middle) JOHNSON (Last)

4. DATE OF DEATH (Month) June (Day) 30 (Year) 1949

5. SEX Male
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 6-21, 1884
9. AGE last birthday 64 yrs. If under 1 year Months Days 9 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Talbot County Md.
12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME LUTHER JOHNSON
14. MOTHER'S MAIDEN NAME ~~[illegible]~~ JOSEPHINE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT Charles Harding

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	8 days.
331 Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis + Hypertension	years.
	(c) none	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION no
19b. MAJOR FINDINGS OF OPERATION no
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no
~~R.D.~~ (CITY OR TOWN) no (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
INJURY OCCURRED While at Work ☐ Not While At work ☑ no
HOW DID INJURY OCCUR? no

22. I hereby certify that I attended the deceased from June 21, 1949, to June 29, 1949, that I last saw the deceased alive on June 29, 1949, and that death occurred at June 30 m., from the causes and on the date stated above.

SIGNATURE A. McC. Stevens (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 6-30-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7/2/49
NAME OF CEMETERY OR CREMATORY Newton Cemetery
LOCATION (City, town, or county) Cordova (State) Md (P)
DATE REC'D BY LOCAL REG. 7/1/49
REGISTRAR'S SIGNATURE N.A. Neeres
24. FUNERAL DIRECTOR Carlew Stafford ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1949
BUREAU V. S.

06066

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 2da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 122 West St.

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) (Last) Johnson

4. DATE OF DEATH (Month) 6 (Day) 2 (Year) 1949

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Sept 1864
9. AGE last birthday 84 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Cotter
14. MOTHER'S MAIDEN NAME Elizabeth Sutton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT James Peck

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr Myocarditis — Interval Between Onset and Death: Unknown

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Art-Sch — Yes

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 28, 1949, to 6-2, 1949 that I last saw the deceased alive on 6-2, 1949, and that death occurred at 12 30 p.m., from the causes and on the date stated above.

SIGNATURE Martin F Buell (Degree or title) Mgr ADDRESS Easton Md DATE SIGNED 6-4-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/6/49
NAME OF CEMETERY OR CREMATORY Unionville
LOCATION (City, town, or county) Easton Md (State) RD

DATE REC'D BY LOCAL REG. 6/3/49
REGISTRAR'S SIGNATURE N. H. Neeves
24. FUNERAL DIRECTOR Leon W. Henry ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06067

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot County. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md. LENGTH OF STAY (in this place) 33 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline Talbot Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby Boy (Middle) Kenton (Last)

4. DATE OF DEATH (Month) June (Day) 29. (Year) 1949

5. SEX M.

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH 6/28/49

9. AGE last birthday yrs. If under 1 year Months. Days 1 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Memorial Hosp Easton Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Woodrow Kenton

14. MOTHER'S MAIDEN NAME Maude Lare

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Mrs Maude Kenton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

761.5 Immediate cause (a) Prematurity, 32 weeks

Antecedent cause(s)

160C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) "Funnel Breast"

(c) Placenta praevia marginalis - Maternal

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute gastrectasia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/28, 1949, to 6/29, 1949, that I last saw the deceased alive on 6/29, 1949, and that death occurred at 8:00 P.m., from the causes and on the date stated above.

SIGNATURE J. Tyler Baker (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Cremation DATE 6/29/49 NAME OF CEMETERY OR CREMATORY Memorial Hospital LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 6/29/49 REGISTRAR'S SIGNATURE N. H. Neeriss 24. FUNERAL DIRECTOR Memorial Hospital ADDRESS Easton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Title correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

D6068

Reg. Dist. No. 2-90

1. PLACE OF DEATH
COUNTY Talbot
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fred Avond Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
STREET ADDRESS (If rural give location) Denton Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Dora	C.	Laigneil	June	5	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Married	March 4, 1882	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Home	Caroline County, Maryland	U.S.A.

13. FATHER'S NAME: Alfred Daubler

14. MOTHER'S MAIDEN NAME: Sophia Stiel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. None

17. INFORMANT: Mrs. Rebecca McCarty

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) 3rd Cerebro Vascular Accident	5 Days
331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) Generalized Arteriosclerosis	yrs
	(c) Hypertension	yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Feb 17, 19—, to June 5, 1949, that I last saw the deceased alive on June 5, 1949, and that death occurred at 6:20 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
Martin H Buell	M.D.	Easton	Md.	6-6-49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 8 1949	Pine Crest Cemetery	Federalsburg, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/7/49	N. H. Reeves	J. J. Frampton and Son,	Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06069

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Longwoods; LENGTH OF STAY (in this place) 2½ months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Talbot; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Longwoods; STREET ADDRESS (If rural, give location) RURAL

3. NAME OF DECEASED (Type or Print): (First) ALLEN (Middle) LESLIE (Last) LARRIMORE

4. DATE OF DEATH: (Month) JUNE (Day) 24 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: Feb 19, 1891

9. AGE last birthday: 58 yrs. If under 1 year: Months 4, Days 5; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr. Art Metal Cons. Co.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Oxford, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Crisfield Scott Larrimore

14. MOTHER'S MAIDEN NAME: Emma Gorsuch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W.I

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. A. L. Larrimore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Lymphosarcoma of retroperitoneal glands	6 months
	(c)	

200.1
46.8

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 1949

19b. MAJOR FINDINGS OF OPERATION: Biopsy showed Lymphosarcoma

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-7-, 1949 to 6-24-, 1949 that I last saw the deceased alive on June 24, 1949, and that death occurred at 10 30 P.M., from the causes and on the date stated above.

SIGNATURE: M Cof. (Degree or title) M.D. ADDRESS: Easton Md DATE SIGNED: 6-25-49.

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL; DATE THEREOF: 6/28/49; NAME OF CEMETERY OR CREMATORY: Oxford; LOCATION (City, town, or county) (State): Oxford Md.

DATE REC'D BY LOCAL REG.: 6/25/49; REGISTRAR'S SIGNATURE: M. A. Nevins

24. FUNERAL DIRECTOR: Maurice E. Newnam & Son; ADDRESS: Easton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

06070

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 12 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md.
STREET ADDRESS (If rural, give location) Memorial Hospital

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Boy Alfred (Last) Lewis

4. DATE OF DEATH (Month) June (Day) 9 (Year) 1949

5. SEX M
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 6-8-49
9. AGE last birthday yrs. If under 1 year Months. Days If under 24 hrs. Hours 12 Min. 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Lewis
14. MOTHER'S MAIDEN NAME Elizabeth Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. NU
17. INFORMANT Elizabeth Mills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
776	Immediate cause	(a) Prematurity 2 lbs 9½ oz	13 hrs 45 min
	Antecedent cause(s)		
159	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/8, 1949, to 6/9, 1949, that I last saw the deceased alive on 6/9, 1949, and that death occurred at 6 15/A m., from the causes and on the date stated above.

SIGNATURE Shepard Kreck Jr (Degree or title) MD. ADDRESS Easton, Md. DATE SIGNED 6/9/49

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE 6/10/49
NAME OF CEMETERY OR CREMATORY Memorial Hospital
LOCATION (City, town, or county) Easton (State) Md

DATE REC'D BY LOCAL REG. 6/10/49
REGISTRAR'S SIGNATURE N. H. Neirus
24. FUNERAL DIRECTOR Memorial Hospital, ADDRESS Easton Md

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JUN 21 1949
BUREAU V. S.

06071

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (In this place) 9 hrs 30 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton.
STREET ADDRESS (If rural, give location) 102 S. Aurora St.

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) (Last) Meredith

4. DATE OF DEATH (Month) 6 (Day) 28 (Year) 49

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 3/8/68
9. AGE last birthday 81 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mr John F Cohee
14. MOTHER'S MAIDEN NAME Sarah Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs Elsie Todd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of breast — INTERVAL BETWEEN ONSET AND DEATH 3 yrs

170 Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-27-, 1949, to 6-28-, 1949, that I last saw the deceased alive on 6-28-, 1949, and that death occurred at 6 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P. Cox M.D. ADDRESS Easton Md DATE SIGNED 6-29-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7/1/49
NAME OF CEMETERY OR CREMATORY Hill Crest
LOCATION (City, town, or county) Federalsburg (State) Md

DATE REC'D BY LOCAL REG. 6/29/49
REGISTRAR'S SIGNATURE N. H. Neerus
24. FUNERAL DIRECTOR J J Frangtom Son, Federalsburg Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06072

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cordova; LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Cordova R.D.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location) Farm.

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) Milby (Last)			4. DATE OF DEATH (Month) June (Day) 6th (Year) 1949	
5. SEX M	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb 14-80	9. AGE last birthday 69 yrs. If under 1 year: Months 10, Days 21; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Ridgeley, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Milby		14. MOTHER'S MAIDEN NAME Susan Lynch		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO. —	17. INFORMANT Mrs Emma Milby (wife)		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) UREMIA — 7.

Antecedent cause(s) (b) HYPERTENSIVE CARDIO-RENAL DISEASE.

442 131a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) GENERALIZED ARTERIO SCLEROSIS.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 4-5, 1949, to 6-6, 1949, that I last saw the deceased alive on 6-3, 1949, and that death occurred at 1:15 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles H Wimmett	M.D	Ridgely Md.	6-7-49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 8-49	Denton Cemetery	Denton	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/7/49	N. H. Neeres	J. Virgil Moore & Son	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 21 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06073

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Talbot — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 2da. 8hrs. 35 Min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) (Last) Murray

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 2/17/83

9. AGE last birthday: 66 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Murray

14. MOTHER'S MAIDEN NAME: Susan Tyhsary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If year, give war or dates of service): Unknown

16. SOCIAL SECURITY No.:

17. INFORMANT: Wesley Smolters

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset and Death: 3 months

177 Antecedent cause(s)

51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Prostate — 2½ years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Rectum

19a. DATE OF OPERATION: ✓

19b. MAJOR FINDINGS OF OPERATION: Ca of Rectum - Ca of Prostate found on Same hosp. Admission

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/26, 1946 to 6/15, 1949, that I last saw the deceased alive on 6/15, 1949, and that death occurred at 7.30 P.M. EDT, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. T. B Ambler M.D. Easton Md. 6/19/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 6/20/49 — NAME OF CEMETERY OR CREMATORY: Royal Oak — LOCATION (City, town, or county) (State): Royal Oak, Talbot Md.

DATE REC'D BY LOCAL REG. 6/16/49 — REGISTRAR'S SIGNATURE: M. H. Nevitt — 24. FUNERAL DIRECTOR — ADDRESS: Earle Stafford Easton Md.

RECEIVED
JUN 29 1949
BUREAU V. S.

Dr Webb

06074

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH

County: Talbot

City or town: Bellevue
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: Home.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Talbot

City or town: Bellevue
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Lavina Alberta Myers

3.(b) Social Security Number: 213-03-0857

4. Sex: Female

5. Color or race: Black

6.(a) Single, married, widowed, or divorced: Widow

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept. 4 - 1884

8. AGE: Years 64 | Months 9 | Days 14 | If less than one day ..... hrs. ..... min.

9. Birthplace: Bellevue, Talbot Co Md
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business

FATHER
12. Name: John Davis
13. Birthplace: Bellevue Md

MOTHER
14. Maiden name: Mary Adams
15. Birthplace: Bellevue Md

16. Informant: Cornine A. Milton
Address: Bellevue, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 25/49 (month) (day) (year)

Cemetery or crematory: Ferry Neck St. Luke's

Location: Bellevue Md

18. Funeral director: John D. Williams
Address: Easton, Md.

19. 6/22 1949 (Date rec'd by registrar) N. H. Neeney Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 18 1949 at 1 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 5 1948, to June 18 1949 and that I last saw him alive on June 18 1949

Immediate cause of death: Acute Myocarditis — DURATION: 6 mo +

Due to: Over-exertion and work — 1 year

Due to

Other conditions
431
93a
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Hayward T. Webb, M.D. M. D. or other

Address: Easton, Md — Date signed 6/20/49

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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RECEIVED
JUN 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 06075

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH — COUNTY: Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton — LENGTH OF STAY (in this place): 83 days 1 hr 35 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print) (First): Hans (Middle): Peter (Last): Neilson
4. DATE OF DEATH (Month): June (Day): 28 (Year): 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: About 1884 Unknown
9. AGE last birthday: 65 yrs. If under Months. 1 year Days. If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Denmark, Sweden.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY No.: ✓
17. INFORMANT: Dr Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Peritonitis, generalized — 3 weeks

366 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

129 (c) Peripheral Neuritis — 3 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949, to 6-28-, 1949, that I last saw the deceased alive on 6-28-, 1949 and that death occurred at 3 20 p m., from the causes and on the date stated above.

SIGNATURE: P. E. Cox (Degree or title) M. D. — ADDRESS: Easton Md — DATE SIGNED: 6-29-49

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE: June 28, 1949 — NAME OF CEMETERY OR CREMATORY: Silverbrook Cremetory — LOCATION (City, town, or county): Wilmington (State): Delaware

DATE REC'D BY LOCAL REG.: 6/28/49 — REGISTRAR'S SIGNATURE: N. H. Neeres — 24. FUNERAL DIRECTOR: [illegible] Cook, Easton, Md. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06076

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND; CITY OR TOWN Easton; LENGTH OF STAY (in this place) 3 days, 3 hrs 30; HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne's; CITY OR TOWN Queenstown; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Marshall (Last) Pratt

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed.

8. DATE OF BIRTH: 2/13/88

9. AGE last birthday: 61 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Mr Thomas L. Pratt

14. MOTHER'S MAIDEN NAME: Tillie Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If year, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Mrs. George T. Pratt

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial infarction due to coronary arterio sclerosis	5 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes mellitus	(?)
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

260

61

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 48, to 14 June, 19 49, that I last saw the deceased alive on 14 June, 19 49, and that death occurred at 7:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thos. M. Harrison M.D. Easton Maryland 15 June 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 6/16/49 | NAME OF CEMETERY OR CREMATORY: Chesterfield | LOCATION (City, town, or county): Centreville (State): Md

DATE REC'D BY LOCAL REG. 6/14/49 | REGISTRAR'S SIGNATURE: M.D. Nelson | 24. FUNERAL DIRECTOR: Barton Bros | ADDRESS: Centreville Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06077

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Talbot; MARYLAND
CITY (If outside corporate limits, write RURAL end give nearest town) OR TOWN Easton; LENGTH OF STAY (In this place): All of Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 517 August Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL end give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) 517 August

3. NAME OF DECEASED (Type or Print): (First) Willie (Middle) Catrup (Last) Pritchard
4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1949
5. SEX: White ~~Colored~~
6. COLOR OR RACE: MALE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 12, 1877
9. AGE last birthday: 71 yrs. If under 1 year: Months 11, Days 5; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Drayman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Talbot Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Richard Henry Pritchard
14. MOTHER'S MAIDEN NAME: Louisa Craft.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Miss Bessie Pritchard.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic + Hypertensive Cardio-vascular disease. — Interval between onset and death: ? Several yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Failure. — ? Several mos

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —
(CITY OR TOWN) —
(COUNTY) —
(STATE)
TIME OF INJURY (Month) (Dey) (Year) (Hour) —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6/17, 1949, to 6/17, 1949, that I last saw the deceased alive on 6/17, 1949 and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Shepard Krech Jr M.D. ADDRESS Easton, Md. DATE SIGNED 6/17/49.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 20, 1949 — NAME OF CEMETERY OR CREMATORY Spring Hill — LOCATION (City, town, or county) Easton (State) Md.

DATE REC'D BY LOCAL REG. 6/18/49 — REGISTRAR'S SIGNATURE W. H. Nevins

24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton, Md.

RECEIVED
JUN 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06478

Reg. Dist. No. 791

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Talbot

City or town: St. Michaels

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? All of life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: St. Michaels

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Josephine Green Roberts

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widow

6.(b) Name of husband or wife: John B. Roberts

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 15, 1867

8. AGE: Years	Months	Days	If less than one day
82	3	25	..... hrs. ..... min.

9. Birthplace: Bozman, Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER — 12. Name: Robert Green

13. Birthplace: Broad Creek Neck

MOTHER — 14. Maiden name: Julia A. Adley

15. Birthplace: Broadcreek Neck

18. Informant: Madge Waters

Address: St. Michaels, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 28, 1949 (month) (day) (year)

Cemetery or crematory: St. Michaels Colored Cemetery

Location: St. Michaels, Md.

18. Funeral director: Norman D. Marshall

Address: St. Michaels, Md.

19. June 27 1949 (Date rec'd by registrar) Mrs. Robt L. Seth Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 25, 1949, at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 18, 1949, to June 25, 1949 and that I last saw h.. alive on June 25, 1949

	DURATION
Immediate cause of death: Acute Uremia	
Due to: Interstitial Chronic Nephritis	Several yrs
Due to:	
Other conditions: Hardening of Arteries — Hypertension (Include pregnancy within 3 months of death)	Several yrs

Major findings of operations: None — Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Eugene B. Lewis M.D. M. D. or other

Address: St. Michaels, Md. Date signed 6-26-49

RECEIVED
JUN 30 1949
BUREAU V. S.

Harrison 6/3

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06079

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 50 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY 2a.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stevensville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Jesse (Middle) W (Last) Shepherd
4. DATE OF DEATH (Month) June (Day) 5 (Year) 1949
5. SEX M
6. COLOR OR RACE B
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH 2/28/71
9. AGE last birthday 78 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles W Shepherd
14. MOTHER'S MAIDEN NAME Mary E. Honey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) unknown
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Mary E. Bordley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure due to

420.0 Antecedent cause(s) (b) arteriosclerotic heart disease

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-3, 1949, to 6-5, 1949, that I last saw the deceased alive on 6-5, 1949, and that death occurred at 12:35 p.m. EAT, from the causes and on the date stated above.

SIGNATURE Thurston Harrison (Degree or title) M.D. ADDRESS Easton Maryland DATE SIGNED 6 June 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 6/8/49 NAME OF CEMETERY OR CREMATORY Betts Neck LOCATION (City, town, or county) Stevensville RD (State) Md

DATE REC'D BY LOCAL REG. 6/6/49 REGISTRAR'S SIGNATURE N.H. Neeres 24. FUNERAL DIRECTOR Lewis A. Henry ADDRESS

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06080

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Be sure to give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Talbot — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton. | LENGTH OF STAY (in this place) 1 day 6 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Easton Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Royal Oak.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) Smith

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1949

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single.

8. DATE OF BIRTH: 6-4-49

9. AGE last birthday ____ yrs. If under 1 year: Months ____ Days 1 Hours 29 Min. 49

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Memorial Hosp Easton Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Leslie Smith

14. MOTHER'S MAIDEN NAME: Gladys Saunders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Gladys Smith.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity 2# 5 1/2 — INTERVAL BETWEEN ONSET AND DEATH: 29 hrs

776 Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____ 48 min.

(c) ____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/4, 1949, to 6/5, 1949, that I last saw the deceased alive on 6/5, 1949, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John E Baylett MD 814 Dover St Easton Md 6/7/49

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE 6/5/49 — NAME OF CEMETERY OR CREMATORY: Memorial Hospital — LOCATION (City, town, or county): Easton — (State): Md

DATE REC'D BY LOCAL REG. 6/5/49 — REGISTRAR'S SIGNATURE: N. H. Reeves — 24. FUNERAL DIRECTOR: Memorial Hospital, Easton Md — ADDRESS

VS. A15

RECEIVED
JUN 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06081

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton, Md. LENGTH OF STAY (In this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Royal Oak, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Gladys (Middle) (Last) Smith

4. DATE OF DEATH (Month) June (Day) 5 (Year) 1949

5. SEX F

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH Aug 17, 1914

9. AGE last birthday 34 yrs. If under Months. 1 year Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Andrew Saunders

14. MOTHER'S MAIDEN NAME Emma Banks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Lester Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Transfusion Reaction, Hemolytic	14 Hours
446 Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pregnancy, 26 weeks para 11-1-0-8	
145	(c) Hypertensive disease	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Nephrosclerosis	?

19a. DATE OF OPERATION June 4, 1949

19b. MAJOR FINDINGS OF OPERATION Hysterotomy and Tubal ligation

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 1949, to June 5, 1949, that I last saw the deceased alive on June 5, 1949, and that death occurred at 2:15 a.m. EDT, from the causes and on the date stated above.

SIGNATURE J. Tyler Baker (Degree or title) M.D. ADDRESS Easton, Md. DATE SIGNED June 7, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 6/7/49 NAME OF CEMETERY OR CREMATORY Deepneck Cemetery LOCATION (City, town, or county) Near Belleville (State) Md

DATE REC'D BY LOCAL REG. 6/5/49 REGISTRAR'S SIGNATURE N. H. Neires 24. FUNERAL DIRECTOR [signature] ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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T

RECEIVED
JUN 21 1949
BUREAU V. S.

Evidence for change in birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06082

FILM No. G 120 JUN 28 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton — LENGTH OF STAY (in this place) 34 yrs.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton
HOSPITAL OR INSTITUTION OR STREET ADDRESS S. Aurora	STREET ADDRESS (If rural give location) S. Aurora

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) Kenley (Last) Start			4. DATE OF DEATH (Month) June (Day) 11 (Year) 1949		
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Feb. 15, 1877	9. AGE last birthday 72 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Queen Anne County, Md	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME William A. Startt			14. MOTHER'S MAIDEN NAME Sarah Plummer		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT (Sons) Edw. Startt		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause	(a)	apoplexy	2 weeks
433.1 Antecedent cause(s)			
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	auricular Fibrillation	10 yrs
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19....., to 6-11-, 1949, that I last saw the deceased alive on 6-11-, 1949, and that death occurred at 4 h m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. E. Cox	M.D.	Easton Md	6-13-49

23. BURIAL, CREMATION REMOVAL (Specify) Buried	DATE June 14, 1949	NAME OF CEMETERY OR CREMATORY Spring Hill	LOCATION (City, town, or county) Easton (State) Md.
DATE REC'D BY LOCAL REG. 6/12/49	REGISTRAR'S SIGNATURE N. H. Nevius	24. FUNERAL DIRECTOR Edw. Startt Easton	ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 21 1949
BUREAU V. S.

06083

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
LENGTH OF STAY (in this place) 3 hrs. 20 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queen Anne, Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Edward (Last) Sterne
4. DATE OF DEATH (Month) June (Day) 4 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Aug. 23, 1897
9. AGE last birthday 51 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Mr Edward L. Sterne
14. MOTHER'S MAIDEN NAME Hattie Taylor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)
16. SOCIAL SECURITY No. ~~Unknown~~ 231-20-6869
17. INFORMANT Mr Charles Sterne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Surgical shock due to crushing injury

Antecedent cause(s) Ruptured lung ? kidney etc etc

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to

(c) Fall from hoisting engine pulley

INTERVAL BETWEEN ONSET AND DEATH

902.6

186a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hotel
(CITY OR TOWN) Easton (COUNTY) Tal. (STATE) Md
TIME OF INJURY (Month) 6 (Day) 4 (Year) 49 (Hour) c 7 20 a.m.
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? Fell from elevator pulley

22. I hereby certify that ~~I attended the deceased from~~ ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 10 50 A m., from the causes and on the date stated above.

SIGNATURE Louis S. Welty MD (Degree or title) DME ADDRESS Easton Md DATE SIGNED 6-6-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/7/49
NAME OF CEMETERY OR CREMATORY Greenmount
LOCATION (City, town, or county) Hillsboro (State) Md

DATE REC'D BY LOCAL REG. 6/5/49
REGISTRAR'S SIGNATURE N. H. Nerries
24. FUNERAL DIRECTOR Barton Bros ADDRESS Centreville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 21 1949
BUREAU V. S.

Dr 11 Cox 6084

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton — LENGTH OF STAY (in this place) 40 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Elma	(Middle) Mae (Mullikin)	(Last) Tarkington	4. DATE OF DEATH	(Month) June	(Day) 3	(Year) 1949
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 21, 1861	9. AGE last birthday 87 yrs.	If under 1 year Months 8	Days 12	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Talbot County Maryland	12. CITIZEN OF WHAT COUNTRY? N. S.				
13. FATHER'S NAME Lane William Mullikin	14. MOTHER'S MAIDEN NAME Hannah Pearce						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Harry Brunker				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) arteriosclerosis, generalized — yrs

450.0 Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1946 to 6-4-, 1949 that I last saw the deceased alive on 6-2-, 1949 and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R Cox	M D	Easton	Md 6-6-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE June 5, 1949	NAME OF CEMETERY OR CREMATORY Spring Hill	LOCATION (City, town, or county) Easton Maryland (State)
DATE REC'D BY LOCAL REG. 6/4/49	REGISTRAR'S SIGNATURE N. H. Nevius	24. FUNERAL DIRECTOR [illegible]	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06085

Reg. Dist. No. 290

1. PLACE OF DEATH

County: Talbot

City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 yrs

Hospital, Institution, or street address where death occurred: S. Aurora St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Talbot

City or town: Easton
(If outside city or town limits, write RURAL and give nearest town)

Street No.: S. Aurora St
(If rural, give LOCATION)

2.(a) If veteran, name war: World War I

3. (a) FULL NAME: Ernest R. Thomas

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Black

6.(a) Single, married, widowed, or divorced: married (separated)

6.(b) Name of husband or wife: Mary Thomas

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): MAY 18, 1891

8. AGE: Years: 58 Months: 0 Days: 19 If less than one day ..... hrs. ..... min.

9. Birthplace: Easton, Talbot Co., Md.
(Town, county, and state)

10. Usual occupation: House Work

11. Industry or business: Cleaning

FATHER
12. Name: Timothy Thomas,
13. Birthplace: Easton, Md.

MOTHER
14. Maiden name: Unknown
15. Birthplace: "

16. Informant: Mrs. James Beatty
Address: Easton Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: June 8, 1949
(month) (day) (year)

Cemetery or crematory: Richards Cemetery

Location: Easton, Md.

18. Funeral director: John D. Williams
Address: Easton Md.

19. 4/7 1949 N. H. Norris
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 6th 1949 at 6:30 P. M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Coronary occlusion — DURATION: Immed.

Due to

Due to

420.1
94a

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Louis S Watty MD DMer
M. D. or other

Address: Easton Md Date signed: 6-7-49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Webb

CERTIFICATE OF DEATH

06086

Reg. Dist. No. 290

1. PLACE OF DEATH.

County Talbot

City or town Bellevue Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 23 yrs

Hospital, institution, or street address where death occurred: Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town Bellevue Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Outside

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME James Martin Tilghman

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Black

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Henrietta H. Tilghman

6.(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Jan 22 1877

8. AGE: Years 72 Months 4 Days 21 If less than one day ..... hrs. ..... min.

9. Birthplace Cordova Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Chas H. Tilghman

13. Birthplace Cordova Md

MOTHER 14. Maiden name Mary E. Coker

15. Birthplace Cordova Md

16. Informant Henrietta Tilghman

Address Bellevue Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jun 8 1949 (month) (day) (year)

Cemetery or crematory Chapel Church Cemetery

Location Chapel Md

18. Funeral director John L. Williams

Address Easton Md

19. 6/14 1949 (Date rec'd by registrar) N. H. Neeves Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1949 at 11.05 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 7 1949 to June 12 1949 and that I last saw ~~h.a.m.~~ alive on June 12 1949

Immediate cause of death: Cerebral Hemorrhage — Duration: 5 days

Due to: Extreme Hypertension — 3 yrs

Due to

Other conditions

331

83a

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Haynard T. Webb, M.D. M. D. or other

Address Easton Md Date signed 6/15/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 29 1949
BUREAU V. S.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

06087

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: COUNTY Talbot MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Easton
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Easton Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Carroll (Middle) Lee (Last) Warner
4. DATE OF DEATH (Month) June (Day) 28 (Year) 1949

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Aug. 2, 1878
9. AGE last birthday 69 yrs. If under 1 year: Months 11 Days 23 If under 24 hrs. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming.
11. BIRTHPLACE (State or foreign country) Talbot County, Maryland
12. CITIZEN OF WHAT COUNTRY? N.S.

13. FATHER'S NAME John R. Warner
14. MOTHER'S MAIDEN NAME Laura Rathell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Ada Mezick Warner.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177 Immediate cause (a) Carcinoma of prostate — Interval Between Onset and Death: 3 yrs

Antecedent cause(s)

51b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-9-, 1946 to 6-28-, 1949, that I last saw the deceased alive on 6-26-, 1949, and that death occurred at 8 a m., from the causes and on the date stated above.

SIGNATURE B Cox (Degree or title) M.D. ADDRESS Easton Md DATE SIGNED 6-30-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial.
DATE June 30, 1949
NAME OF CEMETERY OR CREMATORY Spring Hill.
LOCATION (City, town, or county) (State) Easton. Maryland.

DATE REC'D BY LOCAL REG. 6/29/49
REGISTRAR'S SIGNATURE N.H. Nevius
24. FUNERAL DIRECTOR R. Ellis Clark, ADDRESS Easton - Md

RECEIVED
JUL 15 1949
BUREAU V. S.

06088

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Talbot Co. | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Easton Md. | LENGTH OF STAY (in this place): 3da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland | COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Denton
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) Joe. (Middle) Webb (Last) Warner.

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 14, 1890.

9. AGE last birthday: 59 yrs. | If under 1 year: Months 3 | Days 27 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Alexander Warner

14. MOTHER'S MAIDEN NAME: Mahbalia Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs. Jos. W. Warner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardio Vascular Disease — Interval Between Onset and Death: 1 yr ?

Antecedent cause(s)

443

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-9-, 1949 to 6-10-, 1949 that I last saw the deceased alive on 6-10-, 1949 and that death occurred at 5 a m., from the causes and on the date stated above.

SIGNATURE: M Cof (Degree or title): M.D. ADDRESS: Easton Md DATE SIGNED: 6-11-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 6/12/49 | NAME OF CEMETERY OR CREMATORY: Henry Burial Ground | LOCATION (City, town, or county) (State): Near Ridgely, Md.

DATE REC'D BY LOCAL REG.: 6/11/49 | REGISTRAR'S SIGNATURE: M. H. Meeres

24. FUNERAL DIRECTOR: R. B. Rawlings | ADDRESS: Greensboro, Md.

RECEIVED
JUN 21 1949
BUREAU V. S.